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John Moe: The other night—or maybe it was in the morning, or maybe it was while I was awake at a kind of netherworld between night and morning. Whenever it was, I had a thought. I've been sleeping nearly every night of my entire life. So why, with all this experience I have doing this particular thing for several hours every night—why do I seem to be getting worse at it? What other skill in life can you practice for hours every day or night where you start to suck more?! And it was a depressive's response, of course, blaming myself.

Clinical depression, the old Clinnie-D, finds an opportunity for me to beat myself up: turning a complex thing—and sleep is pretty complex—into a self-flagellation exercise. Now, I've dealt with insomnia on and off my whole life. Even though I've never had it as bad as some people do, I hate it. It makes me feel powerless, ashamed, scared, nervous, agitated. A lot of mental health symptoms there, really. Thinking about insomnia gets me thinking—and that's part of the problem, the constant thinking. But it gets me thinking about mental health conditions like anxiety, depression, OCD, panic disorders.

I see all sorts of overlap between what a sleepless brain does and what happens with those conditions. I hope this topic doesn't keep you up at night.

It's *Depresh Mode*. I'm John Moe. I'm glad you're here.

Transition: Spirited acoustic guitar.

John Moe: Jen Senior is a staff writer at *The Atlantic*. She won the 2022 Pulitzer Prize for feature writing, the 2022 National Magazine Award for feature writing, and the 2024 National Magazine Award for columns and essays. Her article “Why Can't Americans Sleep?” appears in the online edition of *The Atlantic*. It will appear in the August 2025 print edition of the magazine.

In the article, Jen Senior tells of her own years-long experience with insomnia and what she's done about it. She explores the latest science of sleep; the ways other people are trying—trying!—to get more of it. She also gets into our relationship with pharmaceutical sleep aids and reveals the murkier than expected question of how much sleep a person actually needs.

Transition: Spirited acoustic guitar.

John Moe: Jen Senior, welcome to *Depresh Mode*.

Jen Senior: Thank you so much for having me. This is so cool.

John Moe: You write about how you used to sleep just fine, and then suddenly you didn't. When was that, and what happened?

Jen Senior: Huh. I don't know what happened. I mean, I would, I think, give half my life savings if somebody could explain to me what happened.

It happened like a couple of months before I turned 29, and there was virtually nothing different about the circumstances of my life. I could not isolate a single thing that looked different. I think I opened the piece by saying that the night before I stopped sleeping, I slept. And not only did I sleep; I was an enviable sleeper. I would alienate boyfriends by passing out within seconds. And at first—I don't know what happened!

I used to sleep one to nine, one to nine, one to nine. I was nocturnal. And then one night, I did not fall asleep, and it was baffling. I fell asleep at like five in the morning. And I thought, “Eh, that's a one-off.” And it wasn't. It started to happen more and more frequently, and then I started doing all-nighters involuntarily. And I knew they were all-nighters, because I would be sitting upright. And then I started doing those like every other night. It was batshit crazy.

John Moe: Wow. And as a reporter, as a writer, was it your natural instinct to say, “Okay, if there is a phenomenon, something must be causing the phenomenon. I am going to get this scoop. I'm gonna track down this beat,” and like, were you consumed with trying to find that cause?

Jen Senior: Totally. And you are the first person to actually frame it that way. Yes! I became a monster, like of kind of inquiry. You know, I was just desperate to find answers. And because it felt like the source was coming from outside the house, I was on this mad hunt to figure out what the hell was causing it, convinced it could not have been like some kind of internal breakdown, you know? Because as neurotic as I was—and you know, I had this like low hum of melancholy my whole life.

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I didn't think that that could be the cause. So, yeah, I was phoning around. There was no Google then; it was like '98. So. But I was phoning around, I was reading—to the extent that one could report and read. I eventually saw a doctor. But yeah, I was phoning all my friends who had issues like this. Yes, I went into reporter mode. But then, being neurotic and easily dismayed and highly anxious—though it never manifested itself ever in depression—*(correcting herself)* I'm sorry. Yes, in depression. No, in sleep deprivation or sleep. I then, in short order, became a basket case.

John Moe: Yeah. And a basket case from not finding those answers or from just the compounded effect of insomnia?

Jen Senior: Oh, again, that's so astute. Both. Both. It was both that I was coming up with—my pan was empty. You know, there I was like— And also that, yeah—I mean, one becomes hysterical with sleeplessness after a certain point and super, profoundly, brokenly depressed.

John Moe: We talk on this show about the national mental health emergency that we're in, that we've been in arguably since before COVID, but certainly since. We are in a sleep

emergency as well, as far as you can tell from all this research that you've done—both personally and professionally.

Jen Senior: Completely. The numbers are dire. You know? I mean, I'm really stunned by them. 30 to 35% of the American public report that they at least temporarily suffer from some symptoms of insomnia. Which, crudely speaking, are: they can't fall asleep; they can't stay asleep, or they wake up at some hour that they can't stand; it's way too early. You know, the birds are not yet chirping. And at least 12% of us suffer from insomnia as this intractable, much more thorough going condition. If you're a millennial, that number is 15%.

18.4% of us report taking sleep meds either every night or some nights. I mentioned that to one of the giants in the field, and she was like, (*scoffing*) “Oh, that's gotta—” She didn't use these words, but her email back was like, “That's bullshit. Like, it's way higher.” And you wonder whether—

John Moe: Those are the numbers that report it, not the numbers that are actually taking it.

Jen Senior: Exactly, exactly. So, you always wonder. It's like who is not admitting to voting for Trump? Like, who's not admitting to having these kinds of problems?

Also, I do wonder about whether or not people think, “Well, I take melatonin every night, but surely that doesn't count.” Or they say, “Well, you know, I eat a gummy every night. That can't be it.” Or “I drink three drinks. That can't count.” The extent to which people self-medicate and don't call it that, right? Like, weed's not a medicate— Weed is my favorite. 'Cause that's like the go-to for so many women my age now. You know, they're in perimenopause, or they're menopausal, and suddenly they just can't sleep. So, they say, “Well, I can sleep, but of course I take a gummy.” (*Laughs.*)

It's like, “Well, I don't even know what to say to that.” It's— (*Chuckles.*)

John Moe: Well, I wanna ask—you know—why those numbers are going up, why so many people have insomnia. But I think that's part of this baffling “we just don't know” kind of situation. I mean, the world certainly seems scarier, and more glaciers are melting than before.

(*Jen laughs.*)

But (*chuckles*) do we know why we're getting worse at sleeping? I mean, I say it in the intro of this episode. Like, for something that I've been doing for decades—hours and hours every day—how am I getting worse at sleeping? (*Laughs.*) How am I losing a skill that I once had?

Jen Senior: Well, okay. Just speaking to your case, and then, yeah, we'll talk about the glaciers. 'Cause I don't think it's the rising Arctic only. It could be for my 17-year-old, right? Like, that does— I think there is a whole generation of kids who really do lie awake at night thinking that the world is on fire and where will they live? And now, I think AI might be scaring them. I mean, they have a sort of short-term view, which is, “Yay, my midterms are easier.” You know? (*Laughs.*) But like, they know the long view too.

But to speak to you: you and I are getting older, and your sleep just doesn't—it tends to break in half sort of as you get older. There's a lot of people who wake up when they're older. And no one tells you about that, that you're not supposed to sleep as well—or not that you're not supposed to; that you simply don't. The warranty on your body and mind has sort of run out. *(Chuckles.)* We're now fixing parts to the extent that we can. Right? And hoping that we can kind of go—that we can get 100,000 miles or whatever. I'm slightly—

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John Moe: Yeah, I spend more time at the mechanic than I ever used to.

Jen Senior: Yeah, right! Exactly. So, there's that. But it is baffling in some ways. Like, why are we all getting worse? And in fact, the number I found really interesting was that our sleep got worse once we started coming outta the worst part of the pandemic. Like, once there was a vaccine, we all got worse. Like, *(laughs)* you know, like what's that about?

John Moe: Because we didn't have like the... the hormones that had us on high alert as much anymore?

Jen Senior: Oh, that's so interesting. 'Cause that speaks to the paradox. Which is—it wasn't the pandemic, but what was it? That once hypochondriacs actually get sick, they are suddenly way less hypochondriacal. It snips the loop. So, maybe once there's something to actually worry about. Now, let's think. That could be something. There's also—life got less complicated. If you didn't get sick in the first wave, and if people you knew were surviving it okay, and you weren't outward-facing—that's a lot of ifs. But if all those things were true, there was a slightly more tranquil life, potentially, that you could be living. People didn't wanna admit this, but some people had a pretty good pandemic.

John Moe: *(Chuckles softly.)* I've—you know, as somebody who's written about and talked about depression a whole lot, I've always—I told people at the time, “This is the scenario we've been waiting for. Like, hide out in our house, because something is about to kill us? This is what we've been fully expecting and training ourselves for our entire lives.”

Jen Senior: Oh my god, completely! It's so funny you say that. I wrote a column—I was a columnist at the *Times*. I had like the world's shortest tenure at the *New York Times* as an op-ed columnist. I was like, “I don't know why you guys like this or think it's cool, *(laughs)* like I totally don't like it or think it's cool.” But anyway, I did it for a year—coinciding precisely with the pandemic. And one of the things I wrote early on is that being a pessimist served me so brilliantly. Like, I was super prepared. And who else did I hear this from? Kids whose parents had survived the Holocaust. They were like—*(laughs)*. They were not kids, sorry; they were adults.

So, my dentist—I spoke to him one day, because of course I like—you know, sort of America was gnashing my teeth, and not knowing my why my teeth ached, you know, in the middle of the night. And he said to me, “Look, I've been preparing for this my entire—” I asked how his practice was. And he said, “Oh, I've been psychologically prepared for this for forever. My parents survived the Holocaust, and I've had a rainy-day fund.” You know, anyway, it's interesting, right? Depressives—a certain kind of person was braced for this.

John Moe: Well, what do we know about the link between insomnia and depression? Like, is this a chicken and egg situation? Does one cause the other?

Jen Senior: Yeah, I'm glad you asked that. So, it's to some extent bidirectional, as they like to say. Depression causes insomnia. Insomnia, causes— They feed on a loop. Insomnia causes depression. The thing I found the most liberating was that there's now sufficient body of evidence that suggests that actually insomnia more frequently causes depression; and it's definitely more of a predictor of depression than the other way around. That depression isn't nearly as good a predictor of insomnia and doesn't seem to cause it in the same way. I found that super liberating. Because when I first—you know, I finally went to a psychopharm to deal with this— At first I went to a sleep clinic, but when I went to a psychopharm, his reflex was, “Oh, you're depressed—”

John Moe: Psychopharmacologist.

(Jen apologizes and confirms.)

Not like a farm for psychos.

(They laugh.)

Jen Senior: Imagine a farm for the psychologically depressed. Like, what would that even look like? And what animals would we all be?

John Moe: How well are the animals treated? I'm not sure.

(They laugh.)

Okay, so you go to the pharmacologist.

Jen Senior: Well, didn't ketamine start as like a horse tranquilizer? I mean, maybe—

John Moe: Yeah, horse tranquilizer. Yeah.

Jen Senior: Yeah. Maybe horses have the right idea, you know? Anyways. So, they knew something we didn't. But the—*(sighs)* when I finally went to a psychopharmacologist about this, he said to me, “Look, this is just depression manifesting as insomnia.” And I love the guy, and he's a genius, and I adore him to this day, and I see him to this day.

But after researching this story, I just said to him on the phone, “I think you were totally wrong.” 'Cause at the time I was like, “Really?!” I mean, I've always been mildly depressed. Like, this doesn't— I can believe that it could have awakened or amplified some low-lying depression that was there, but fuck no!

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Like, there's no way! Like, no! No, no, no, no! I'm sorry!

It never scanned for me, ever. Because the days and weeks and months leading up to this, these episodes? Like I said, they—(*sighs*) they were no different! And you know what? My life was pretty good! Like, I liked my job. I really liked my job. I was dating this dude who I thought was great. I mean, no. (*Scoffs.*) No.

Transition: Spirited acoustic guitar.

John Moe: More with Jen Senior about sleep, not getting it, and mental health, in just a moment.

Transition: Gentle acoustic guitar.

John Moe: Back with Jen Senior, staff writer at *The Atlantic*.

So, you found that it was just not—again, you're not finding a clear path in—because it's a murky situation, you're not finding a clear path between insomnia and depression. It's a mutual compounding.

Jen Senior: Right. Oh, totally. I think— So, I mean, I knew that once I became a full-blown world-class insomniac— And at this point I'm like an expert. I've had 10,000 hours of practice. I mean, I'm good at it. You know, in spite of taking meds for it; in spite of doing all the things. I mean, I've had spells in my life where meds just didn't subdue it. Particularly, I should say, when I was a book critic for the *New York Times*. I was one of the three daily book critics. And I also don't know why people thought that was a great job. I think you have to be constitutionally—like, you have to be a Marine to review as much as—

(*John agrees with a quiet chuckle.*)

And I just was too stressed out all the time, and couldn't read fast enough, and couldn't think quickly enough. And one night's sleep was enough to just—you know, you needed to be on it every single day, 'cause the schedule was murder. But anyway, once I became a full-on insomniac, I became a full-on depressive, and that was it. I never— I needed antidepressants. And then, cruelly, all antidepressants at one point in my life—for a long stretch in my life—kept me wide awake or made me more depressed.

There was a time when I found one (*anti*)depressant—a couple actually—that were fine, that didn't keep me awake, and that was all I needed. I didn't need Klonopin, which is my drug of choice. But it blew out all the like metaphor-making circuitry in my brain. And that sucked. I wrote a whole book on Prozac, which did that to me. And you can see that the prose is sort of lifeless. It's a big bummer.

John Moe: Hm! It was killing your ability to kind of get excited about what you were writing about? Or just your ability to express it?

Jen Senior: Oh, interesting. To express it. It didn't flatten my affect. It—all that static electricity that you need to be creative or, you know, to write, or—I wouldn't necessarily say that like—I mean, to me journalism is a lot of carpentry. I can't stand it when people say, “Oh, it's a creative practice!” It's like, really? Is it? You know?

But that stuff all went away. My brain was no longer the associative—I think fairly associatively; and that stopped. You know, it was kind of a whistling prairie up there.

John Moe: Hm. Is it—when we talk about insomnia and depression, is it a lack of sleep that's making the depression worse? Or is it having the condition of insomnia and knowing that you have this—that this is going to affect your schedule and your life? Like, is it—? I might be splitting hairs here.

Jen Senior: No, you're not.

John Moe: But is it the lack of sleep or the insomnia?

Jen Senior: No, no, no. It's a great question, because actually there's a far larger cognitive component than we ever credit depression with. So, there's a lot of negative looping in your head and scare-looping and—or scary looping. So, there's a lot of—like, for me, the soundtrack in my head late at night would be, “I'll be a shittier writer. I'll get fired. I won't be able to sustain my job.”

John Moe: No one will wanna work with me.

Jen Senior: No one will wanna work with me. I will be unhirable. It's like being the uninsurable actress, because you're the basket case. You know, there's the fact that like I was 29; I wasn't married. And I thought this is now a giant, fiery asterisk next to my name. Like, no one will wanna date me. Right? I definitely thought about that. How much have I just narrowed the funnel in the dating market?

So, those were conscious worries that I think translated into an affective state; they made me depressed. Insomnia also just makes you depressed in that sleep is in charge of your emotional regulation.

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And we know this. You wake up after a bad night's sleep, and you're miserable, and you're irritable. You're hard to be around, but you're also hard to be— You can't sit with yourself for very long. You're reactive. Everything makes you more upset. You're screaming at things, if you're me. And you're also being short with your kid, if you're me. Which—and then that leads to its own spiral. And some of that's cognitive. “I'm a bad parent.”

John Moe: Right. The shaming.

Jen Senior: Oh god. The shame you feel.

John Moe: Yeah.

Jen Senior: You know. And in a certain way— I mean, I once looked at my kid and said, “What’s the worst thing I ever said to you?” And let me tell you, like that’s a hard moment to hear what it is. You can’t believe that you said it. And then you think, “God.” You’re sort of almost hoping that you were sleepless, ‘cause you really don’t wanna believe that you were capable of saying it if you were your right self. And that you were depressed when you said it, ‘cause you don’t want to think that you were in your right, better mind. You know? You certainly wanna believe that it wasn’t your best self. It can’t be your best self who says your worst things.

John Moe: There’s also this echo, I think, between insomnia and a lot of different mental health disorders in that the person with the condition is likely to get this well-intentioned but completely pointless advice from people without the condition. Like, with depression, people will say, “Well, try to get outside more and smile more.” (*Chuckling.*) And it’s just these sort of anodyne—

Jen Senior: Insipid.

John Moe: Yeah, insipid, pointless things. As if we hadn’t tried that! And with insomnia it’s—all you get is, “Well, you need to get more sleep,” which only compounds the problem of not being able to get it. Like, it’s this sort of—this hell where you’re getting advice from people who aren’t in hell, and the advice is pretty much try not to be in hell.

Jen Senior: Oh my god, I love you for saying that. The vitamin D thing, just be outside more. (*Sarcastically.*) Oh, thanks! You know, I never thought of that!

(*John chuckles.*)

I mean, I think—you know, smile more. I mean, this isn’t *Hamilton*! Like, (*sing-song*) “Smile more.” I mean, like you know, you’re not a politician. I’ve even heard the rationale—you know, that the act of smiling itself brings on joy. I mean, fine. That sort of discounts the— A lot of depressives fake their way through life and smile anyway. There’s a lot of concealing we all do. Gimme a break.

And so, with insomnia, what I hated— Here’s like the list of dumb, obvious, anodyne things—which by the way, you can read in any *New York Times* listicle. It’s like, “Why don’t you try to get sunlight the minute you wake up? Don’t drink. You know, don’t drink a lot of alcohol before you go to bed. Don’t drink too much caffeine, especially after 1PM.” And it’s like, (*dryly*) oh, really? I had no idea that that was making me more wakeful. Wow. Thanks.

John Moe: (*Patronizingly.*) You’re telling me coffee is keeping me awake?! Thank you. Thank you so much!

Jen Senior: Who knew! Wow!

And also, like sleep in a cool room, 'cause you could overheat. As if people don't toss off a blanket if they're too hot! And also like, hi, I'm in perimenopause; you think I'm not constantly throwing open the windows, anyway? It's just—all of this stuff just pisses me off. And then there's all this stuff like spray your pillow with essential oils, and have you tried exercising? (*Sarcastically.*) No, I've never tried exercising. Wow. That's a revelation.

(*John titters.*)

Which depressed—you know, you get this too as a depressed person. “You should really exercise more,” which of course is also circular. Because if you're too depressed to have the startup energy to exercise, there's... you have to have a head of steam to do that to start with.

John Moe: Yeah. Well, Emmy Blotnick, the comedian, told me once—she's like, “They say to get more exercise for your depression. Michael Phelps is depressed.”

Jen Senior: Oh my god! (*Laughs.*)

John Moe: Who gets more exercise than Michael Phelps?

Jen Senior: He's the most famous depressed person! I love that. It's so true.

John Moe: (*Laughing.*) He's in, inarguably, the best physical shape that anyone has ever been in.

Jen Senior: Right. He's a gold medalist how many times over. Right?

John Moe: Yeah, yeah. Exactly.

Jen Senior: Yeah, I think that guy works out. Yeah. I think. (*Laughing.*)

John Moe: I think he works out a lot!

Jen Senior: Yeah. He exercises for a living; he gets paid very handsomely for it. Yeah, yeah, yeah.

John Moe: Right?! Well, I have someone close to me in my life who has dealt with severe insomnia. Like, they have been to the emergency room multiple times.

(*Jen reacts with shock.*)

And also, deals with anxiety disorders. And they have to kind of manage this balance of like—you know. And we talked a little bit about depression, but I want to open up anxiety too. It occurs to me in reading your article how much overlap there is between insomnia and anxiety with the worrying and the panicking.

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Like, what have you learned about anxiety and insomnia?

Jen Senior: Yeah, I agree with you, and I think that they're probably coupled more— And you know, I'm embarrassed to say... I'm not sure if I ever got numbers on that. To me it just seemed so obvious, in part because the discussion around fixing insomnia—like, cognitive behavioral therapy, specifically tailored for insomnia, called CBTI for insomnia—addresses anxiety head-on. Because the theories about insomnia, in that case, is that really whatever started it is sort of beside the point. Because what's keeping it airborne, what's perpetuating it, is anxiety about not sleeping. And it's all the kind of obsessing and fretting and perseverating that you do at night that really causes the problem—or sustains the problem.

So, you're right. I think they're linked. I think people who have health anxieties also are more prone. And by the way, while I had a low-level of kind of hum of depression when I was younger—and I really had it, I mean, waaay before it was fashionable for the kids to say that they were depressed. I mean, in 1979 my parents took me to a psychiatrist and told me not to tell anyone. You know? I mean, because I'd be made fun of for it.

John Moe: Mm. And there's the shame again.

Jen Senior: Yeah. There's the shame again. I mean, I— And no one was depressing kids at that stage, right? (*Correcting herself.*) Or medicating them. There was no Prozac in back in '79. But you know, I am sure if I'd come of age today, I wouldn't have only been diagnosed with depression. Before that, I would've been diagnosed very early on with an anxiety disorder. That I most certainly had. I was a terribly fretful kid. So, once I was not sleeping, I got anxious about it in a hurry. And—yes. I think that that's an acknowledged kind of part of anxiety, I think. (*Correcting herself.*) I'm sorry, of insomnia, I think.

John Moe: Of insomnia. Do you consider yourself to have anxiety disorders now?

Jen Senior: I'm sure... yeah. I'm sure that I would be diagnosed with generalized anxiety disorder. I don't take anything for it. You know, I think a lot of the things that people take for it... well, I don't know if that's true. I was gonna say that they might also make you vague? Maybe not. I don't take anything for it, but I know that I sustain. And I think I've always thought of it as being quite helpful to me. It makes me productive. It's part of my engine. And I've recently started wearing one of those infernal wearable devices—you know, a Whoop that measures my sleep and measures my heart rate. 'Cause I now have long COVID. So, I have these measurable autoimmune problems now as a result of COVID. And so, it's important that I look at my heartrate. Because when I stand up, it goes way up, and my blood pressure falls. That's part of a very common post-viral syndrome.

Anyway, so I have a Whoop is the short answer. And so, what the Whoop told me, which is interesting—if you fill out a journal every day on it, it has told me that my recovery rates are better if I have a goal during the day and if I'm working towards a purpose. So, I kind of consider my anxiety a little inseparable from that.

John Moe: Oh, a Whoop? (*Chuckling.*) I'm just Googling it as you mentioned it. So, this is measuring your sleep, measuring your strain on your heart. Does that device give you more anxiety? Does that give you—? Does that cause insomnia, knowing that you're being measured that closely? Or is that a comfort?

Jen Senior: Yeah, yeah, yeah. No, it's a great question. And sleep clinicians often don't like them for this reason. There's even a word that one woman coined, called orthosomnia, which is about—which is, specifically, it means the neuroticism brought about by wearables. I resisted getting one for a long time and then was convinced to do it.

And you know what? It hasn't made me more neurotic—in part because long COVID made me sleep better for a while. Not... not recently, because I got the Novavax. The first time I got it, it functioned as a medicine for me. It made me better. Second time I got it the next year, it made me worse. And I was sort of curious— It made my sleep worse. It made everything worse for a while. And it hasn't—

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Actually, I've found it a little reassuring in that I seem to get a fair amount of deep sleep and a fair amount of REM anyway. So, no, it has not been catastrophic for me, but I would— The real measure, honest to god, you don't need one of these stupid things. I got it more for like the heart rate and stuff like that. The real thing you need it for—or the real measure for insomniacs is if you wake up the next morning and you feel okay. That's really the best measure. If you're okay, like it doesn't matter if you've got six hours. If you're functioning and happy, great.

Transition: Spirited acoustic guitar.

John Moe: More of my conversation with Jen Senior after a short break.

Promo:

Music: Soft, inspiring piano.

Kumail Nanjiani: Are you a celebrity? Are you searching for meaning, connection, and a little levity these days? Hi. I'm Kumail Nanjiani: actor, writer, and—yes—a celebrity too. And I've got four words for you: *Bullseye with Jesse Thorn.*

(*The music swells.*)

Are you tired of junkets? Red carpets? Sick of the endless spicy snacks you have to eat? Do you want to connect with someone who gets your work and laughs with you a little?

Join me, André3000, Tom Hanks, Tina Fey, and many more, and become a guest on *Bullseye with Jesse Thorn* from NPR and Maximum Fun.

(Music ends.)

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Lauren Lapkus: I figured something out about this map, like how to read it.

Allan: Betsy Sodaro.

Betsey Sodaro: I had no clue. That's awesome and nuts.

Allan: Jon Gabrus.

Jon Gabrus: This is like a great first date for like broke 20-somethings, you know?

Allan: And more! Check out *Walkin' About* with Allan McLeod on Maximum Fun.

(Music ends.)

Transition: Gentle acoustic guitar.

John Moe: Talking to Jen Senior from *The Atlantic* about sleep, mental health, insomnia, and more.

You mentioned CBTI—cognitive behavior therapy for insomnia. What is that? How does that work?

Jen Senior: Right, the cognitive behavioral part— Okay. So, the cognitive part is you have to redirect your thinking. You have to sit there, and when you're awake at night, you have to say, “Okay, I'm not sleeping.” You could say, “So what? So, I'll have a bad night. Is that really the worst thing in the world?” Often it isn't. If you've been keeping a diary for a couple of weeks and you not only—first of all, I'll never fall asleep. Is that, in point of fact, true?

Were there—how often do you really not fall asleep? You can look at your data that you've collected.

And sometimes it's not true. Or the next day you write about your daytime functioning. And if you're lying there saying, "I'll never function properly," how often has that turned out to be true? Right? So, some of it is like a measure—you're just fact-checking yourself. Or you're telling yourself, "So what?"

The behavioral part involves only using the bed for sleep or sex. You know, if you're not falling asleep, get out of the bed. Don't look at the alarm clock, right? Don't look at your clock, period. Train yourself not to look at it. But the real behavioral component that I just thought— Oh, by the way, can I just say one thing about the cognitive thing though?

(John confirms.)

I do think there's like this funny tension you have to sustain. Which is that—*(chuckles)* or this paradox, which is everyone who doesn't sleep is told that they're gonna die. Right? That like no sleep leads to really bad healthcare outcomes. So, now what? You're supposed to blow it all off and say, "Well, so what if I don't sleep?"

John Moe: Yeah.

Jen Senior: Yeah. That's... ridic—I mean, most thinking people are gonna be like, "Really?!"

Okay. But then going to the behavioral part. The really hard part, the kind of tent pole of CBTI, is sleep restriction. Have you ever tried this? Or have any of the insomniacs in your life ever tried this? First, are you an insomniac?

John Moe: A periodic insomniac. I'm fine for years at a time, and then I'll kind of crash out and go through some tough times. Or I just went through a period where, regardless of when I went to bed, I would wake up at 5:30 every morning.

Jen Senior: That sucks.

John Moe: Yeah. And so, yeah. I don't have it as bad as a whole lot of people have, but I've had some weirdness.

Jen Senior: Hm. And what—? And your friends, you've already told me about one friend who is...

John Moe: Yeah.

Jen Senior: Yeah. I mean, that's pretty dire.

[00:35:00]

I mean, have any of them tried CBTI? I am curious.

John Moe: Not that I know of. No. I mean, I've—like, cognitive behavioral therapy is a bedrock to anybody who's gone to therapy for depression. Like, it's dealing with the distortions—the cognitive distortions—of like catastrophizing or, you know, magical thinking, all these different distortions that you have to kind of recognize and then manage around. You know, not so much— Like, knowing the tricks your brain is going to try to take with you, and then like stopping them, rerouting them, kind of rewiring the thought process a little bit.

So, I'm just wondering how much of that is carried over to CBT for insomnia?

Jen Senior: A ton. You definitely have to stop catastrophizing, in part by looking at your journals and being able to concretely like see evidence. Although sometimes journals don't reflect that. They really do show that you're struggling daily. And so, that would be different. And then you have to sometimes say things like, “Well, my brain's doing that thing it does. You know, I might have to accept this for the night and get up. And it won't always be this way, you know? It wasn't always this way.” Right? That's true for most people.

But the reason I also ask— First of all, the fact that none of your friends have tried this speaks to a problem. Most people aren't trained in this. Cognitive behavioral therapists don't know how to do the I version, the CBTI part. There aren't enough people to go around, and most doctors don't know it exists, which is terrible. And the CBTI people who do do it have waiting lists that are like a year long; they don't take insurance, blah, blah, blah. It's terrible. Also, the main component of it—the really critical part—I found impossible to do. And it's apparently the part that works the most, but it's truly torture if you're already sleep deprived. Which is you have to restrict your sleep.

And the way that they do it is they look at your sleep diaries, and they say, “Okay, it looks like you spend nine hours in bed, but you only sleep five of them. Guess what? You're now gonna compress all of those five hours into one block. So, choose a time you wanna get up every day. Let's say it's 7:30, 'cause you're a person who works a regular-ish kind of job. So, you wanna get up at 7:30, fine. You can't go to bed until 2:30. That's all you get, and you have to stay up out of bed until 2:30. Then you get in, and you can only stay in bed until 7:30. And you can't add any more minutes to your sleep until you have slept the majority of that time for three nights in a row. And then, if you succeed, all you get to add are 15 more minutes of sleep.

So, then you get to go to bed—lucky you—

John Moe: Go to bed at 2:15.

Jen Senior: At 2:15! Right! (*Laughs.*)

John Moe: Oh no.

Jen Senior: It's so hard! And I just went out of my head. I already walked into the sleep clinic so tired! And I was so phobic about taking any drugs that I—which is the best way that they can get you to hue to that schedule and guarantee you those five hours is if you take something that will help knock you out. But I was so phobic about drugs that I said no, and that was just the end of me. I then became soooo, so, so psychotically sleep deprived. (*Chuckles.*) Not literally. But you know, it's a recipe for psychosis. I'm sure if I kept going, it would've been awful. That they just said to me, “Look, you've gotta cry uncle. You're now severely depressed, so we've gotta put you on an antidepressant and probably give you a benzodiazepine as well in order to get the ball rolling. And really it's an ‘or else’ situation. If you don't do this, something really bad will happen.” So.

John Moe: Mm, yeah. Which will keep you up worrying about the terrible thing that's gonna happen.

Jen Senior: (*Laughs.*) Right. I know. Exactly. That was more or less a threat. It's like an ultimatum: take this, or—you don't even wanna know.

John Moe: Yeah. “Relax, or we're coming to get you.”

Jen Senior: Right, right! Or what your friend did. You know, you can go to the emergency room. Right. So.

John Moe: Yeah. Well, so were you a CBTI dropout then?

Jen Senior: I was a dropout twice.

John Moe: Twice, okay.

Jen Senior: Twice. And I also just did the CBT part with somebody who was trained in CBTI and said, “Okay, let's not do sleep restriction. I'm just gonna talk you through the things you can say to yourself that will rightsize and undistort and—rightsized your thoughts and undistort and de-catastrophize for you. And it was not sufficient. It was comforting, but not enough.

[00:40:00]

John Moe: How are you sleeping today? How'd you sleep last night?

Jen Senior: Oh, fine. Honestly, because A) I take meds. And B) my body needs sleep, 'cause I have long COVID. It's disrupted sleep now in a way that it wasn't for the first two years of long COVID. Because again, a vaccine that reeeally helped me one year and made me—it functioned as a medicine—didn't help me this year. And so, it could be that, or it could be that I think I'm probably entering menopause in earnest, and that just mucks with your sleep. So. Hard to string everything apart.

You know, I'm gonna be 56 this summer, and I was a laggard in terms of menopause. I still kept getting my period and kept cursing it, because you can't go on hormone replacement therapy until it's been a year between periods. Then they give it to you. And that helps with sleep. It helps with long COVID. It helps with everything. But until your hormones are well and truly all kind of on the other side of this process, you shouldn't do it. And so, it's a bummer. Or my gynecologist, who's very enlightened and progressive, won't do it with me. So.

John Moe: It just feels like— When I think about sleep, and I remember thinking about this when I—my first experience with insomnia, which was when I was like 10 years old. I remember thinking, “How unfair is this that, if I try to do something, I won't be able to do it? If I try to fall asleep, it's not gonna work. I have to not think about it”—you know, which is like not thinking about an elephant—“in order for this to actually work.” It just seems like— (*chuckles*). You know, and I'm sort of ambiguous when it comes to the existence of God, but it seems like a cruel prank played by God on our species.

Jen Senior: Ab-solutely, because this is supposed to be biologically an imperative and something that any animal can do. Any! Every animal instinct. The insects, every creature, every living creature sleeps. So— And also, people sleep in war zones. They sleep through— people slept through the blitz! You know? I mean, it's amazing. In wartime London. And so, you feel shame. And you're right. When you're younger and your parents are telling you that there's some kind of system of fairness in the world—right?

(*John chuckles.*)

This does strike you as monstrously unfair. And also, if you're a pretty smart person or a pretty—or you've got talents—you recognize that like if you work hard at something, there's a payoff. But not in this case.

John Moe: Not in this case. So, besides this show that I host, I host another podcast on this same pod network called *Sleeping With Celebrities*.

(*Jen blurts out a surprised laugh.*)

Where notable people come on and talk at length about less-than-exciting topics with the intent of lulling the listener to sleep.

Jen Senior: Not really.

John Moe: Yeah, really. And it's kind of a sleep aid show, and it's a comedy show. And we have done no research whatsoever about what actually puts people to sleep. But for instance, since like we just had Kathy Valentine on from the Go-Go's. And instead of talking about the wild stories of being on tour as a punk rock band or anything, she talked about all the cats that she has owned, one by one, in great detail, with the intent of putting people to sleep. Do you think listening to something like that is effective for sleep?

Jen Senior: Okay, so I just looked up— After I wrote the story for *The Atlantic*, I looked up insomnia podcasts. And there are a number that are designed— Besides like the meditation podcast apps that have like people, you know, in hushing tones reading you stories—which I always find like really irritating.

(John chuckles.)

There are some that are people plucking out extremely boring pieces of books to read. And then I was of course very snarkily going, “Ooh, are any contemporary? Does any author feel really terrible that they've made this list?”

(John agrees with a laugh.)

But they tend to be by dead people. But when you just said that, I was thinking, “Oh man, can you get like Tom Hanks reading instructions to, you know, like putting together something from Ikea, or something? That would probably be kind of amusing. And he's too famous, I think, for that to work.

John Moe: Yeah. ‘Cause you’d be thinking, “Hey, it's Tom Hanks.” Yeah, yeah.

Jen Senior: Right, the entire time. But I would say—I mean, I have discovered that listening to podcasts—not pod—I'm sorry, to audio books.

(John affirms.)

I do drift. Yeah. But I didn't though. You know what? I didn't before I had long COVID.

John Moe: I mean, we try to say it's a show where you can sleep, or you can just relax.

[00:45:00]

And I mean—which gets back to what I've always told my kids when they were dealing with insomnia—you know, at whatever degree they were. I would always tell them, “You know what? You don't have to sleep. You can just relax. You can just rest for a while.” And with them knowing that, I tried to take away that stress of, “You need to fall asleep right now,” because that's the conundrum of if you try to, you can't. And once I took that off the table, they tended to be asleep in a few minutes.

Jen Senior: That's such a wonderful thing to say as a father; it's really inspiring. I should think about saying that when my kid is suffering, because it's true. It's a tyranny to tell—it's like telling a child to be happy. You know? It's like—

John Moe: Yeah. It's a result that—

Jen Senior: It's the result of something.

John Moe: And not an action you can take. It's only a result. Yeah.

Jen Senior: Right. That's exactly it. That's something I even said in my book, that it's a result of something. And taking the pressure—I think that it's great for adults. Sometimes the objective is just to get your central nervous system to be quieter. That, in itself, is really a victory.

John Moe: Yeah. Yeah. Jen Senior, thank you so much for your time.

Music: “Building Wings” by Rhett Miller, an up-tempo acoustic guitar song. The music continues quietly under the dialogue.

Jen Senior: I have had the best time. Really! This has been so wonderful and so qualitatively different from any other kind of show I've ever done. It's been really wonderful.

John Moe: Jen Senior's article, “Why Can't Americans Sleep?” appears online in *The Atlantic*. I mentioned it in the show, but I also host another podcast here at Maximum Fun. It's called *Sleeping With Celebrities*. Famous people talk at great length on dullish topics in order to put you to sleep. It's a kind of sleep aid/low-key anti-comedy podcast. Our latest episode features Kathy Valentine of the Go-Go's talking at great length about every cat she's ever owned. Well, give it a try! You know, you gotta try stuff, right? Oh, and when I host *Sleeping With Celebrities*, (*dropping into a soothing murmur*) I talk in a very different tone of voice in order to make you sleepy.

(*Returning to his usual voice.*) Thank you to our pal, Gary Gulman, for help on this episode.

Our show exists because people support it. People might get something out of it. Maybe they could find ways to sleep better or at least be more understood in their efforts. It's—you know, it's a tough world, folks. (*Chuckles.*) I'm not reading off a script right now. It's a tough world. The news can be very distressing. The future is murky and somewhat terrifying. And this is what I'm choosing to do with my time and my life is make shows that make people feel better, feel more connected, feel less alone, get some ideas on how they could feel even better than that.

If you think that is a worthy goal, I ask for your support. Maybe it's \$5 a month, maybe it's \$10 a month. Whatever you can afford, I would really appreciate it. I think we're helping people. The world is an angry giant, and we're throwing rocks at that giant. And I hope you can join me. If you've already done so, if you already support the show, thank you. If you haven't already, just go to MaximumFun.org/join, and you can find a level that works for you, and we would love to have you onboard. Be sure to hit subscribe. Give us five stars. Write rave reviews. That gets the show out into the world, also.

The 988 Suicide and Crisis Lifeline can be reached in the US and Canada by calling or texting 988. It's free. It's available 24/7.

We're on BlueSky at [@DepreshMode](https://bsky.app/profile/DepreshMode). Our Instagram is [@DepreshPod](https://www.instagram.com/DepreshPod). Our newsletter, ‘The Depresh Mode Newsletter’, is on Substack. Search that up, either by *Depresh Mode* or John

Moe. I'm on BlueSky and Instagram at [@JohnMoe](#). Join Preshies, our Facebook group. A lot of good discussion happening over there. We talk about the shows, but we also just talk about life, and we support each other. And it's sort of a little safe harbor of kindness in the choppy waters of social media. Our electric mail address is DepreshMode@MaximumFun.org.

Hi, credits listeners. On my recent trip to Alaska, I saw harbor seals, but unfortunately no Harborcrofts. *(Beat.)* I'm so sorry.

Depresh Mode is made possible by your contributions. Our team includes Ragu Manavalan, Kevin Ferguson, and me. We get booking help from Mara Davis. Rhett Miller wrote and performed our theme song, "Building Wings". Rhett Miller is the lead singer of the band Old 97's. Search up their music sometime. That'll make you feel better too.

Depresh Mode is a production of Maximum Fun and Poputchik. I'm John Moe. Bye now.

[00:50:00]

Music: "Building Wings" by Rhett Miller.

I'm always falling off of cliffs, now

Building wings on the way down

I am figuring things out

Building wings, building wings, building wings

No one knows the reason

Maybe there's no reason

I just keep believing

No one knows the answer

Maybe there's no answer

I just keep on dancing

Hannah: Hey, this is Hannah from Minneapolis, and I promise you're not the only one who feels this way.

(Music fades out.)

Transition: Cheerful ukulele chord.

Speaker 1: Maximum Fun.

Speaker 2: A worker-owned network.

Speaker 3: Of artist owned shows.

Speaker 4: Supported—

Speaker 5: —directly—

Speaker 6: —by you!